

Data Book

as of Januray 31, 2016



Division of Child and Family Services
Department of Health and Human Services
State of Nevada

Contents

INTRODUCTION	
DCFS OVERVIEW	
CHILD WELFARE	
Child Protective Services	
Foster Care Licensing	2!
Foster Care Placement and Payments	20
JUVENILE JUSTICE SERVICES	57
Youth Parole	57
Juvenile Correctional Care	63
Youth Alternative Placement	64
MENTAL/BEHAVIORAL HEALTH SERVICES	65
Outpatient Treatment Services	
Mobile Crisis Response Team	67
Inpatient Treatment Services	68
Residential Rehabilitation Services	
Intensive Care Coordination Services	70
ADMINISTRATIVE AND SUPPORT SERVICES	71
Personnel and Payroll	7 ²
Systems Advocate Unit	72

Introduction

The purpose of the Data Book is to provide key data measures that reflect the operations of the Division of Child and Family Services (DCFS) within the Nevada Department of Health and Human Services.

Efforts are made to ensure that the data is accurate and relevant, but errors may still exist. Questions regarding the data contained herein or suggestions for additional data to be included may be directed to coordinator John Aragon at jsaragon@dcfs.nv.gov.

More detailed descriptions of the DCFS performance and programs are posted on the Division's website at http://www.dcfs.state.nv.us.

Jane Gruner, DCFS Acting Administrator

Division of Child and Family Services 4126 Technology Way, 3rd Floor Carson City, NV 89706 775-684-4400

DCFS Overview

The State of Nevada's Division of Child and Family Services (DCFS) provides a wide range of services for the children, youth, and families in Nevada. Program Areas include Child Welfare, Juvenile Justice, Children's Mental/Behavioral Health Services, Administration and Support Services, and direct services as well as oversight for programs administered at the county and local levels.

Child Welfare Services	Juvenile Justice Services	Mental and Behavioral Health Services	Administrative and Support Services
Child Protective Services	Youth Alternative Placement	Inpatient Treatment Services	Grant Management and Fiscal Administration
Intensive Family Services	Juvenile Correctional Care	Residential Care Including Family Learning Homes	Federal Reporting on Child Welfare and Services
Foster Care Licensing	Academic/Vocational Training	Acute Residential Treatment Center	Personnel and Payroll
Foster Care Placements	Youth Parole – Supervision and Services	Adolescent Residential Treatment Center	Fiscal Services
Child Abuse and Neglect Registry	Interstate Compact for Juveniles (ICJ)	Early Childhood Services	Contracts Administration
Interstate Compact for the Placement of Children	Grant Administration	Outpatient Treatment Services	Eligibility Determination for Federal Programs to Youth
Indian Child Welfare Act (ICWA) Administration	Juvenile Justice Delinquency Prevention Act Compliance	Intensive Care Coordination Services	Domestic Violence Victims Assistance
Services to Foster Youth Transitioning to Adulthood		Consortium	Systems Advocate Office
Adoption Placement		Training	Compliance and Oversight for Various Programs
			Information Management Services

Child Welfare

Child Welfare includes direct child protective services, foster care, adoption and independent living services, foster care licensing in fifteen rural Nevada counties, statewide oversight for child welfare (including the two urban county child welfare agencies), and oversight of the Interstate Compact for the Placement of Children.

Nevada uses a state-supervised and county-administered structure for the management of child welfare services. DCFS, under the umbrella of the Nevada Department of Health and Human Services (DHHS), provides oversight to child welfare and direct child welfare services. The organizational structure of DCFS and program delivery of child welfare services are influenced by the state size and concentration of county population. In counties with a population of 100,000 or more, the county provides all child welfare services.

Clark County Department of Family Services (CCDFS) and Washoe County Department of Social Services (WCDSS) provide child welfare services directly to all children and families located in those counties. DCFS provides child welfare services to the remaining 15 counties in the state through its Rural Region offices as well as oversight of services in Clark and Washoe counties.

Child Protective Services

Child Protective Services (CPS) is the first step to ensure the safety and permanency of children, age birth to eighteen, who have been reported as being abused or neglected. The primary focus of CPS is to ensure that children are protected from harm or risk of harm and to make it safe for the child to live with the parent or caretaker. It is the responsibility of the CPS worker to assess safety, protective capacity, family functioning, and identify strengths and risks in the home.

CPS agencies respond to reports of abuse or neglect of children under the age of eighteen. Abuse or neglect complaints are defined in statute and include mental injury, physical injury, sexual abuse and exploitation, negligent treatment or maltreatment, and excessive corporal punishment.

Child Protective Services - SFY 2016 Year-to-Date* Top Maltreatment Allegations

Clark County Washoe County Rural Counties

Negligent Treatment Physical Injury Neglect Physical Injury Neglect Physical Injury Neglect Physical Injury Abuse Physical Injury Abuse Physical Injury Abuse *SFY 2016 Year-to-Date is July 1, 2015, through January 31, 2016.

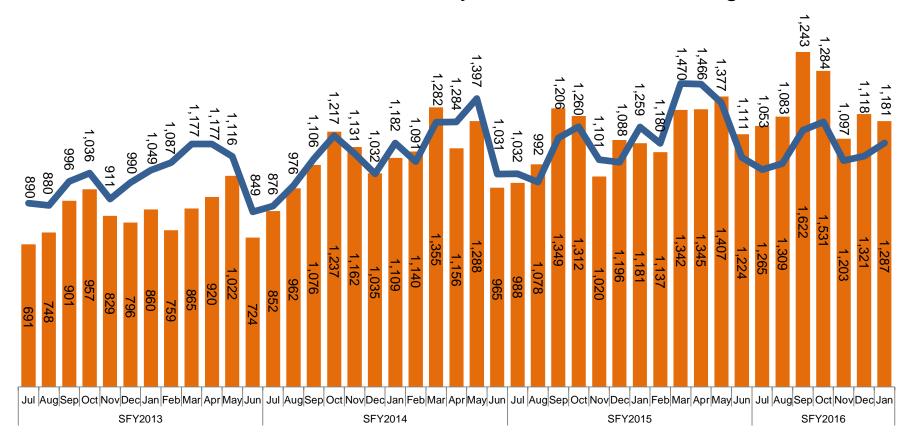
Intake is the first stage of the child protective services (CPS) process and is one of the most important decision-making points in the child protection system. It is the point at which reports of suspected child abuse and neglect are received. Information gathered by caseworkers is used to make decisions regarding safety and the type of CPS response required. The first part of the CPS process is a referral from an outside source and the Child Welfare Agency's response.

New Referrals

State		Cla	ark			Was	hoe		Rural				
Fiscal	2013	2014	2015	2016	2013	2014	2015	2016	2013	2014	2015	2016	
July	997	1082	1444	1624	403	433	418	479	236	279	248	275	
Aug	984	1286	1399	1654	430	481	498	529	296	263	255	316	
Sept	1180	1532	1813	2072	529	519	567	542	297	267	298	381	
Oct	1266	1788	1927	2103	561	469	461	475	291	320	314	378	
Nov	1110	1629	1580	1662	437	500	387	435	298	291	265	304	
Dec	1113	1500	1547	1713	490	409	442	469	288	258	392	371	
Jan	1248	1663	1757	1842	506	437	445	471	314	311	397	329	
Feb	1236	1562	1680	1	466	464	468		285	340	319		
Mar	1333	1979	2088		558	481	488		306	327	375		
Apr	1435	1771	2146		509	482	481		296	320	336		
May	1381	1871	2026		516	552	537		363	397	334		
Jun	1010	1393	1661	ĵ	398	453	488		214	210	270		
TOTAL	14,293	19,056	21,068	12,670	5,803	5,680	5,680	3,400	3,484	3,583	3,803	2,354	
% change	+ 0.9%	-	+ 10.6%		- 0.7%	- 2.1%	+ 0.0%		- 3.4%	+ 2.8%	+ 6.1%		

A referral that does not rise to a level of an allegation is considered Information Only. Referrals that constitute an allegation are investigated.

Statewide Information Only —Statewide Investigations

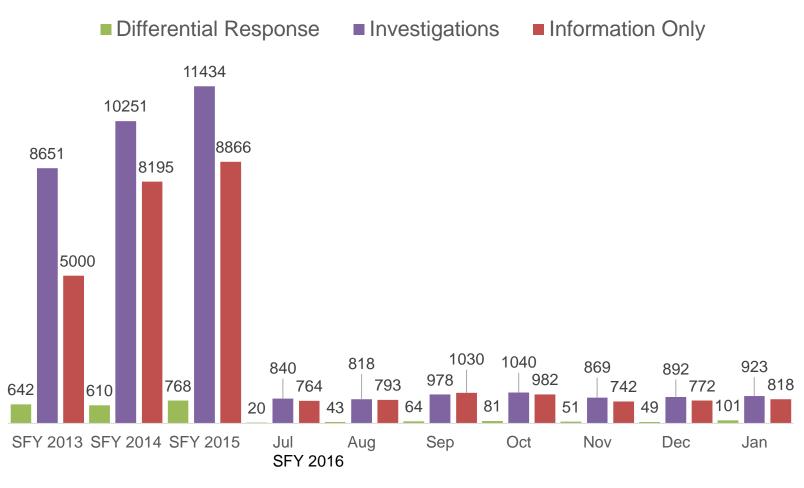


Referrals can be one of the following: (1) Information Only, where there is insufficient information about the family or maltreatment of the child, or there are no allegations of child abuse/neglect; (2) Differential Response, when a report is made and there are no allegations of maltreatment, and/or the allegations do not rise to the level of an investigation, but the family could benefit from community service; or (3) a Report if the agency determines that the information constitutes an allegation according to policy; it is assigned for investigation, and a determination of *Substantiated* or *Unsubstantiated* is made.

Child P	rotective	Service	es - Re	ferrals	and Inve	estigati	ions	
	SFY2013		SFY2014		SFY2015	STEE S	SFY2016*	
Clark	#	%	#	%	#	%		
Total New Referrals	14,293	100%	19,056	100%	21,068	100%	12,670	100%
Information Only	5,000	35%	8,195	43%	8,866	42%	5,901	47%
Differential Response	642	4%	610	3%	768	4%	409	3%
Investigations	8,651	61%	10,251	54%	11,434	54%	6,360	50%
Unsubstantiated*	5,869	70%	7,578	75%	8,479	79%	4,213	77%
Substantiated*	2,556	30%	2,522	25%	2,258	21%	1,237	23%
Washoe								
Total New Referrals	5,803	100%	5,680	100%	5,680	100%	3,400	100%
Information Only	3,348	58%	3,200	56%	3,419	60%	2,090	61%
Differential Response	267	5%	276	5%	228	4%	149	4%
Investigations	2,188	38%	2,204	39%	2,033	36%	1,161	34%
Unsubstantiated*	1,315	68%	1,524	69%	1,187	66%	632	69%
Substantiated*	607	32%	681	31%	612	34%	278	31%
Rural								
Total New Referrals	3,484	100%	3,583	100%	3,803	100%	2,354	100%
Information Only	1,724	49%	1,942	54%	2,294	60%	1,547	66%
Differential Response	441	13%	491	14%	434	11%	269	11%
Investigations	1,319	38%	1,150	32%	1,075	28%	538	23%
Unsubstantiated*	872	81%	887	83%	576	79%	253	74%
Substantiated*	208	19%	178	17%	149	21%	91	26%
Statewide								
Total New Referrals	23,580	100%	28,319	100%	30,551	100%	18,424	100%
Information Only	10,072	43%	13,337	47%	14,579	48%	9,538	52%
Differential Response	1,350	6%	1,377	5%	1,430	5%	827	4%
Investigations	12,158	52%	13,605	48%	14,542	48%	8,059	44%
Unsubstantiated*	8,056	70%	9,989	75%	10,242	77%	5,098	76%
Substantiated*	3,371	30%	3,381	25%	3,019	23%	1,606	24%

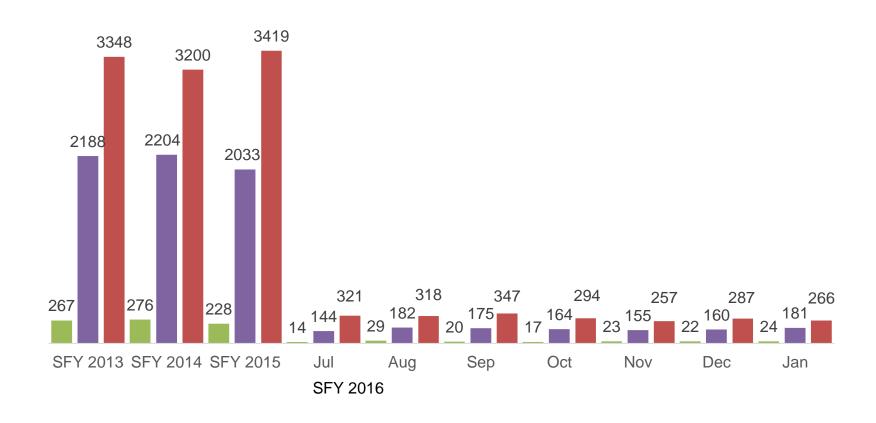
^{*}SFY 2016 to date is July 1, 2015, through January 31, 2016.





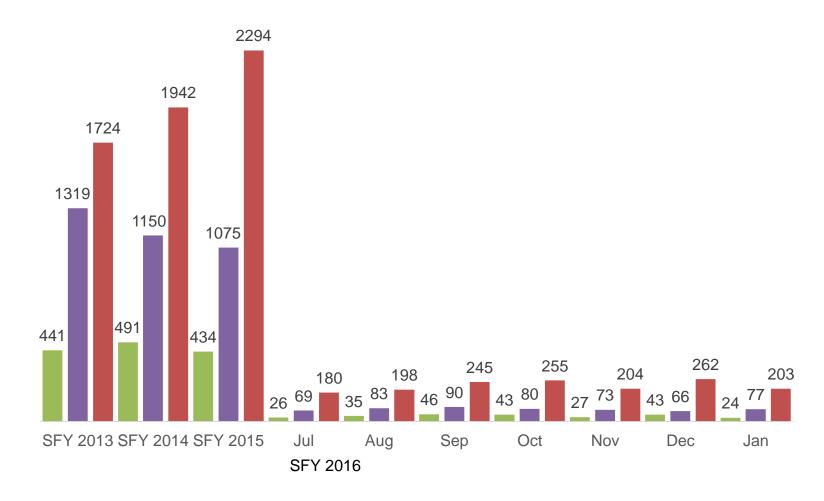
Washoe





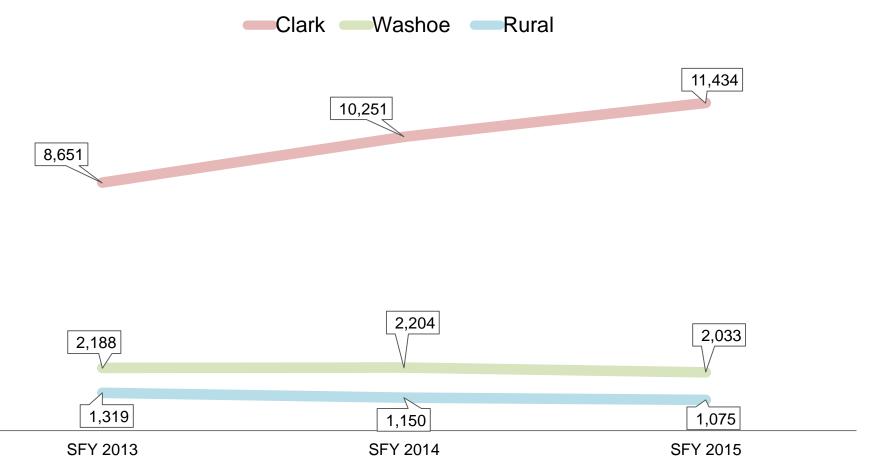




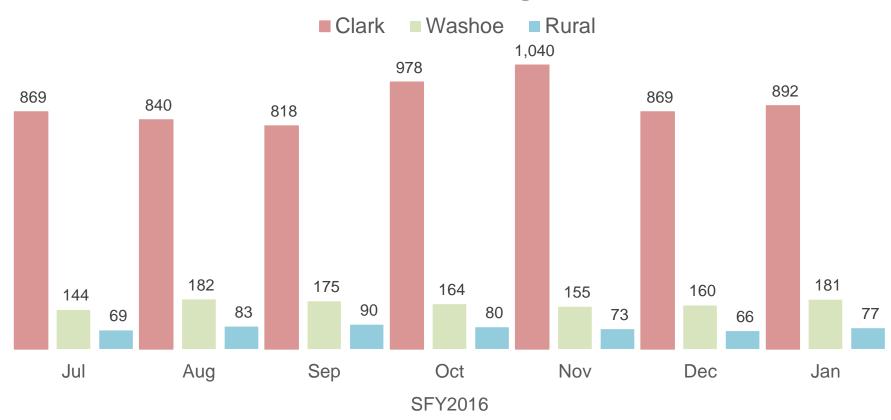


Upon completion of the investigation of a report of abuse or neglect, a determination of the case findings are made based on whether there is reasonable cause to believe that a child is abused or neglected or threatened with abuse or neglect. The findings are classified as *Substantiated*, meaning that a report made pursuant to NRS 432B.220 was investigated and that credible evidence of the abuse or neglect exists. *Unsubstantiated* means that a report made pursuant to NRS 432B.220 was investigated and that no credible evidence of the abuse or neglect exists.

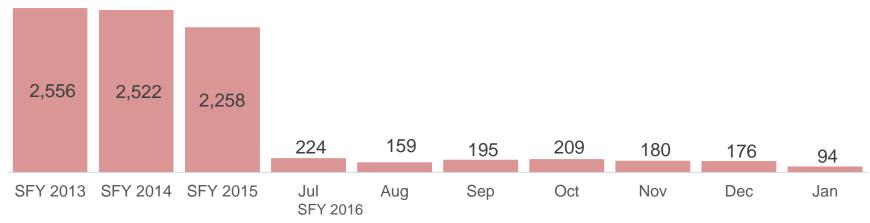
CPS Investigations



SFY 2016 Investigations

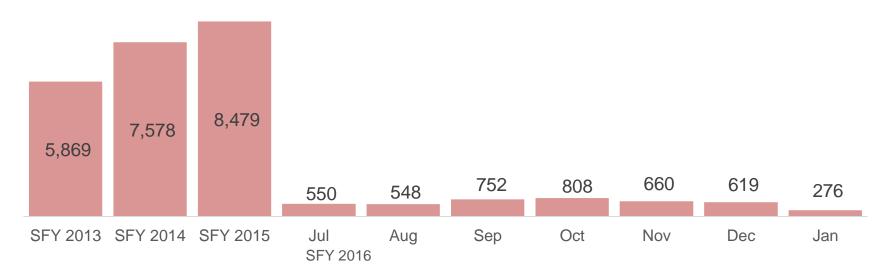


Clark Substantiated Investigations



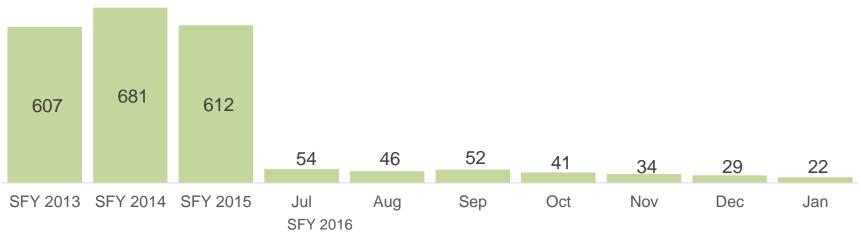
Substantiated and Unsubstantiated counts will change because an investigation status determination may take up to 45 days to complete.

Clark Unsubstantiated Investigations



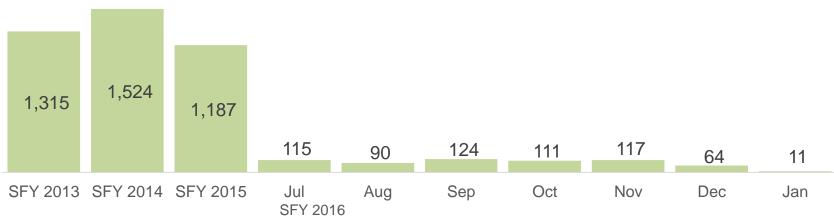
Substantiated and Unsubstantiated counts will change because an investigation status determination may take up to 45 days to complete.

Washoe Substantiated Investigations



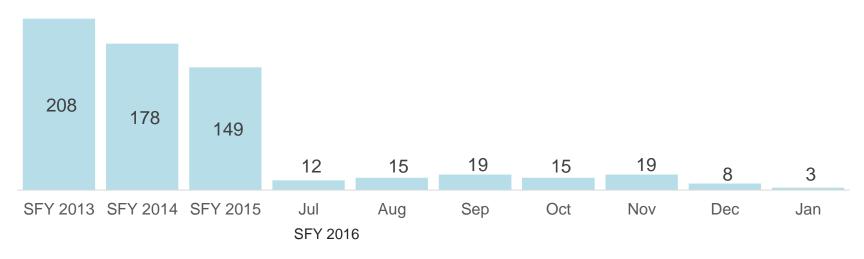
Substantiated and Unsubstantiated counts will change because an investigation status determination may take up to 45 days to complete.

Washoe Unsubstantiated Investigations



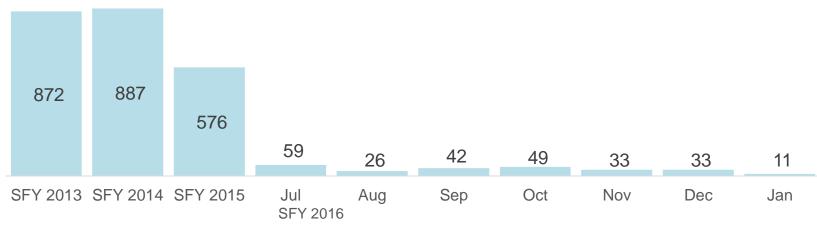
Substantiated and Unsubstantiated counts will change because an investigation status determination may take up to 45 days to complete.

Rural Substantiated Investigations



Substantiated and Unsubstantiated counts will change because an investigation status determination may take up to 45 days to complete.

Rural Unsubstantiated Investigations



Substantiated and Unsubstantiated counts will change because an investigation status determination may take up to 45 days to complete.

Percentage of Investigations Substantiated



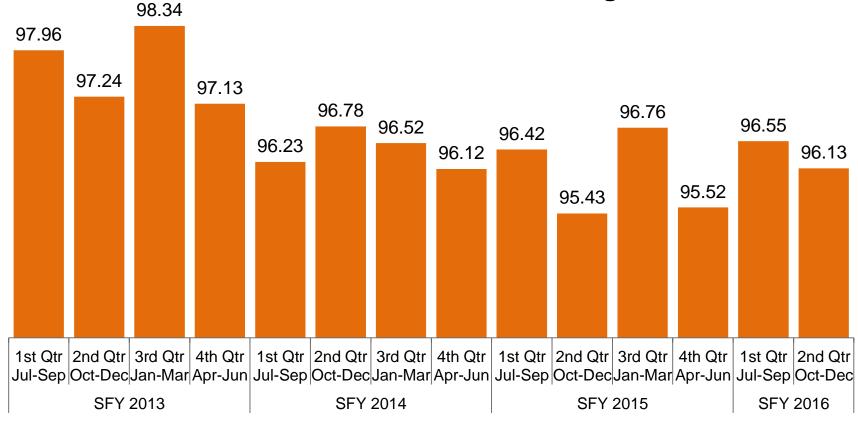
*SFY 2016 to date is July 1, 2015, through January 31, 2016.

SFY 2016 Substantiated and Unsubstantiated counts will change because an investigation status determination may take up to 45 days to complete.

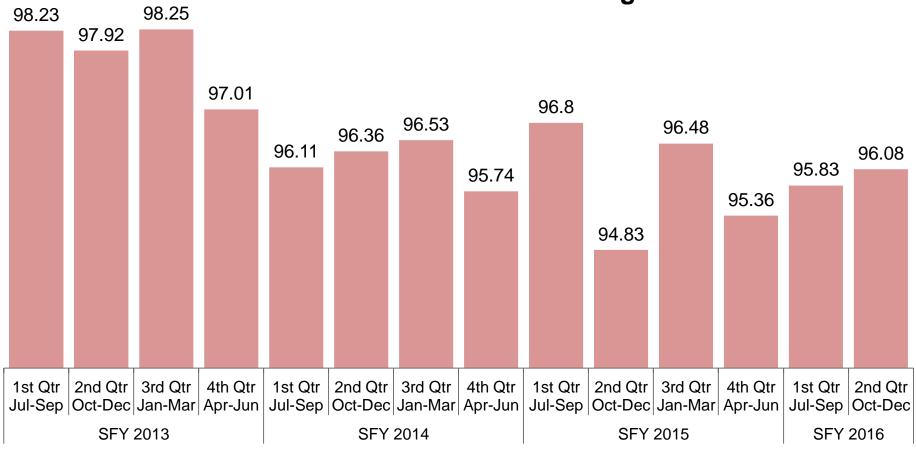
Budget Performance Measure: Percent of children without recurrent abuse or neglect

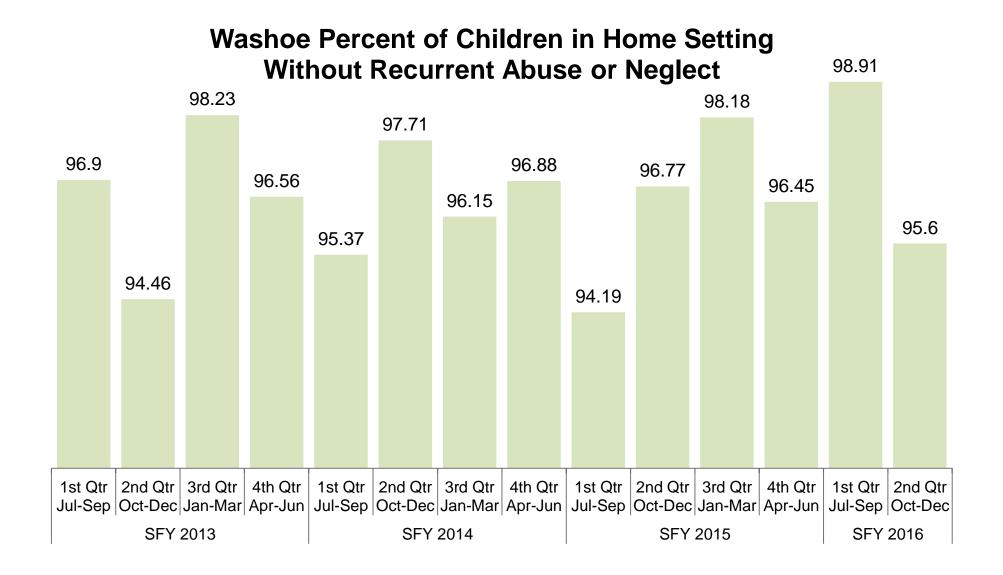
This measure assesses the effectiveness of child protective services in reducing the risk of harm for children who have been maltreated. For children with a substantiated report of abuse and/or neglect, it shows what percentage did not have a substantiated report in the six months prior to the substantiated report.

Statewide Percent of Children in Home Setting Without Recurrent Abuse or Neglect

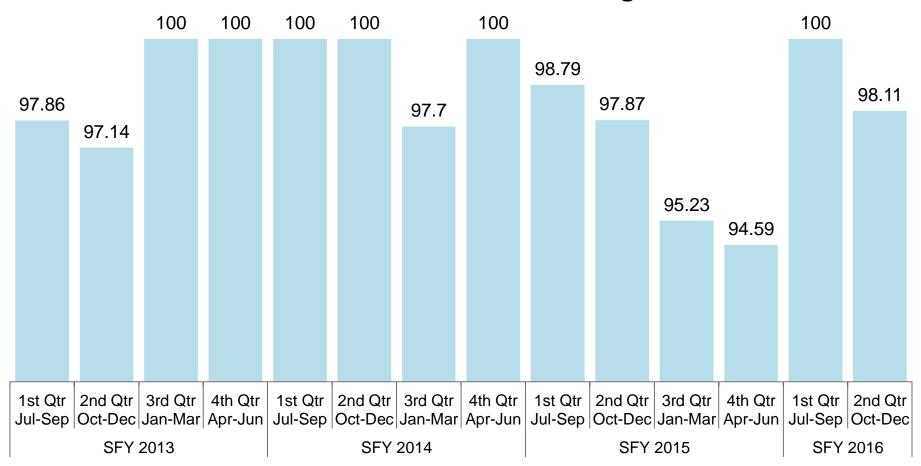


Clark Percent of Children in Home Setting Without Recurrent Abuse or Neglect

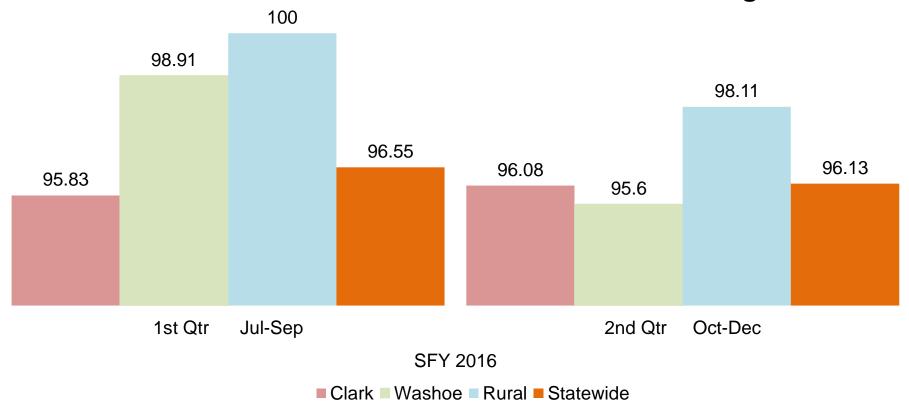




Rural Percent of Children in Home Setting Without Recurrent Abuse or Neglect



Percent of Children Without Recurrent Abuse or Neglect



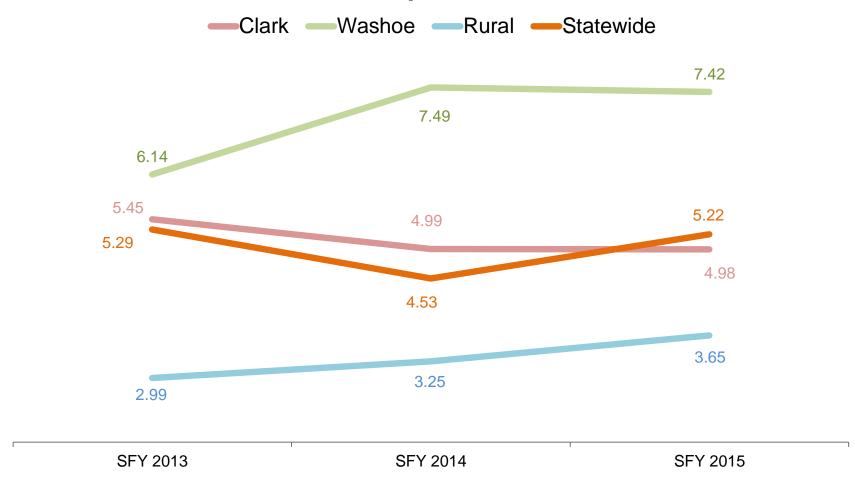
Removals

Some investigations result in a finding that the child cannot safely remain in the home and must be removed. The removal of a child from his or her natural environment is a last resort, as part of the overall continuum of services provided by DCFS and the counties providing child welfare services.

Children Removed from Home

		State	ewide		Clark					Was	hoe		Rural				
State Fiscal Year	2013	2014	2015	2016	2013	2014	2015	2016	2013	2014	2015	2016	2013	2014	2015	2016	
Jul	248	296	305	324	185	206	200	243	39	80	79	57	24	10	26	24	
Aug	295	303	323	358	240	213	211	266	35	78	91	73	20	12	21	19	
Sep	291	268	281	357	216	215	207	266	59	45	61	63	16	8	13	28	
Oct	297	301	285	366	213	212	226	286	67	57	48	60	17	32	11	20	
Nov	256	315	268	279	193	239	183	230	42	57	67	33	21	19	18	16	
Dec	352	214	204	242	270	145	147	175	67	55	47	51	15	14	10	16	
Jan	287	242	283	172	229	175	197	172	43	50	70	60	15	17	16	14	
Feb	311	264	295		252	177	196		47	63	66		12	24	33		
Mar	341	282	339		266	190	246		59	67	60		16	25	33		
Apr	313	380	348		231	272	246		58	85	64		24	23	38		
May	341	322	325		266	244	232		59	61	69		16	17	24		
Jun	236	316	287		158	213	215		56	73	53		22	30	19		
TOTAL	3,568	3,503	3,543	2,098	2,719	2,501	2,506	1,638	631	771	775	397	218	231	262	137	
% change	+ 17%	- 2%	+ 1%	1	+ 17%	- 8%	+ 0%		+ 35%	+ 22%	+ 1%		- 21%	+ 6%	+ 13%		

Removal Rate per 1,000 Children



Foster Care Licensing

When children must be removed from their homes, the child welfare agency must utilize traditional foster care. Resource home development is designed to recruit, train, license, and retain the most appropriate families available who can meet the needs of the children.

	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Average Number of	Family Foster	Home Lic	enses	
Clark County	1,586	1,481	1,425	1,346
Washoe County	291	332	355	364
Rural Counties	162	177	183	189
Statewide	2,038	1,990	1,963	1,899
Average Number of	Group Foster	Home Lice	enses	
Clark County	10	13	10	12
Washoe County	62	57	55	43
Rural Counties	24	21	21	17
Statewide	96	91	86	72

^{*}SFY 2016 is July 1, 2015, through January 31, 2016..

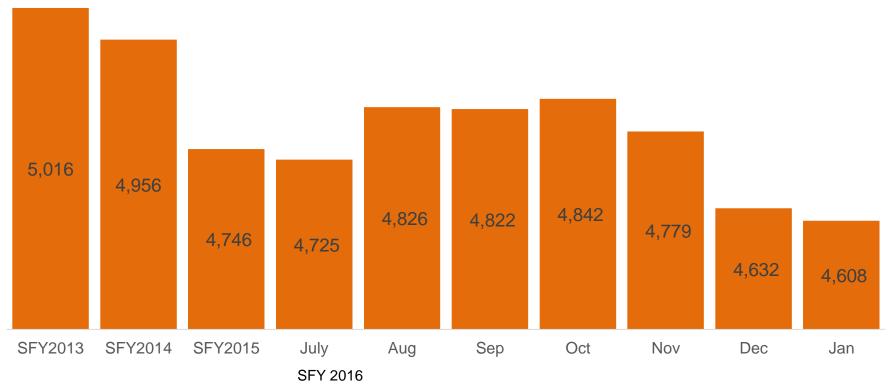
Foster Care Placement and Payments

When the safety and protection of a child cannot be met in the parent's or caregiver's home, substitute care in the form of relative care, foster care, residential therapeutic care, or other planned permanent living arrangements may become necessary. When it becomes necessary, child welfare agencies place children with available resource families. Resource families meet the needs of Nevada's waiting children and may be relatives, fictive (not related) family, foster parents, therapeutic foster care parents, and adoptive parents. With a resource family, a child may begin with an emergency shelter-care placement, emerge into foster care, with a final outcome of an adoption – and never leave the original resource family's home. A resource family is committed to a child, regardless of the child's needs and level of care.

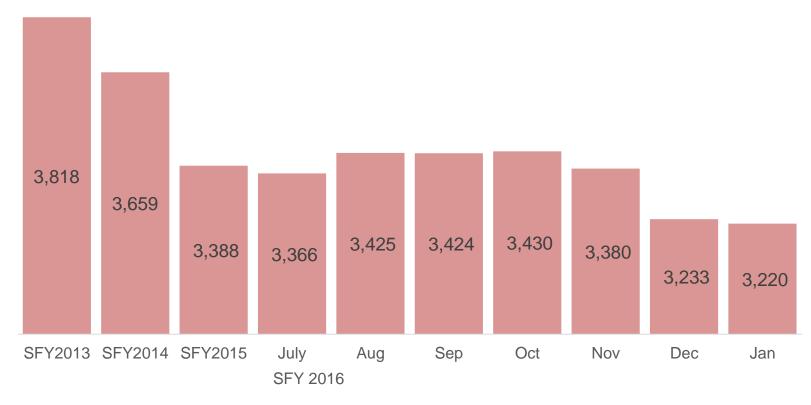
Children in Out-of-Home Placements, by Month

100000000000000000000000000000000000000	Clark				Washo	e		1 1	Rural			
State Fiscal Year	2013	2014	2015	2016	2013	2014	2015	2016	2013	2014	2015	2016
July	3,608	3,773	3,534	3,366	704	834	966	929	485	433	410	430
Aug	3,641	3,797	3,524	3,425	682	874	967	956	486	433	407	445
Sept	3,655	3,757	3,268	3,424	714	871	902	947	477	414	378	451
Oct	3,685	3,768	3,490	3,430	716	874	948	962	460	425	396	450
Nov	3,654	3,823	3,451	3,380	749	863	945	955	451	418	395	444
Dec	3,704	3,656	3,338	3,233	773	847	942	947	446	412	389	452
Jan	3,667	3,586	3,305	3,220	766	861	957	953	424	390	382	435
Feb	3,739	3,533	3,310		784	891	976		412	400	398	
Mar	3,762	3,545	3,350		798	900	953		416	401	425	
Apr	3,633	3,561	3,370		748	928	957		407	405	438	
May	3,792	3,559	3,382		800	937	961		431	392	429	
Jun	3,847	3,547	3,337		807	957	999		429	401	422	
AVG	3,699	3,659	3,388	3,354	753	886	956	950	444	410	406	444
% change	100	-1.1%	-7.4%	-100		+ 17.7%	+7.9%			-7.5%	-1.1%	

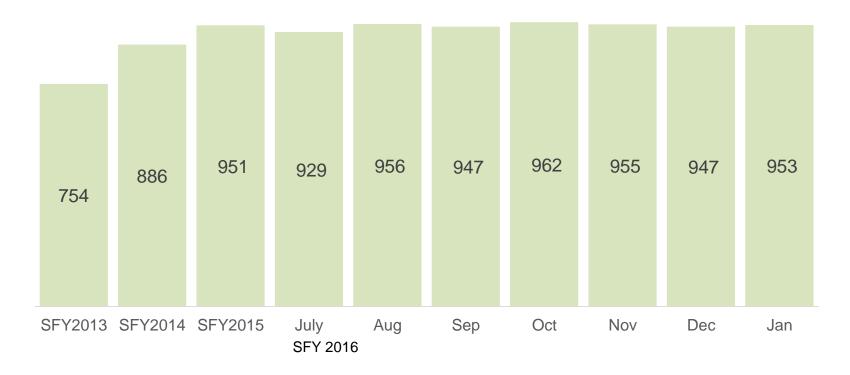
Statewide Average Number of Children in Out-of-Home Placements



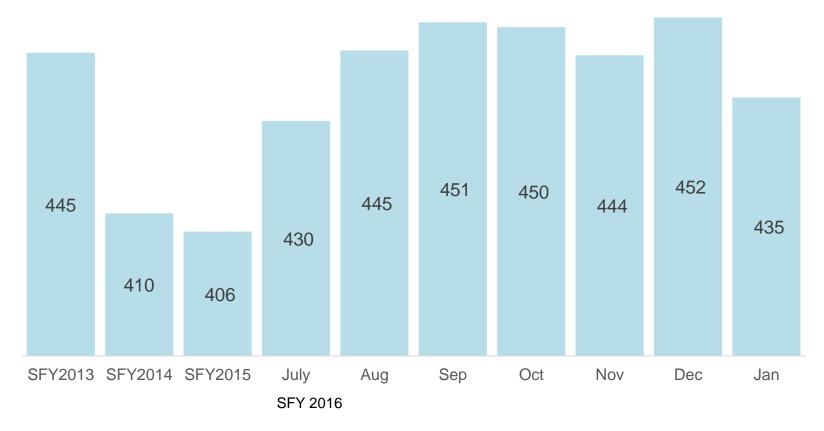
Clark Average Number of Children in Out-of-Home Placements



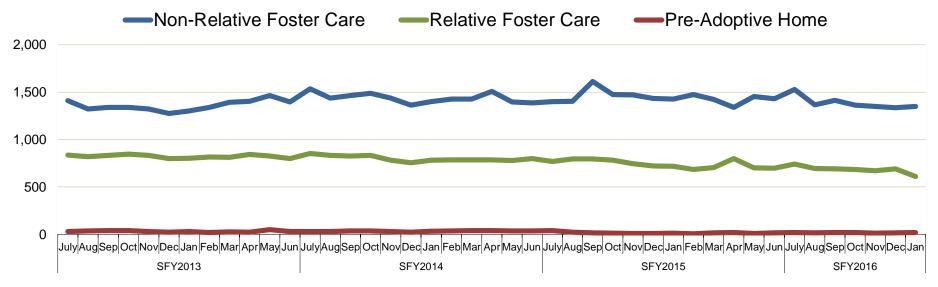
Washoe Average Number of Children in Out-of-Home Placements



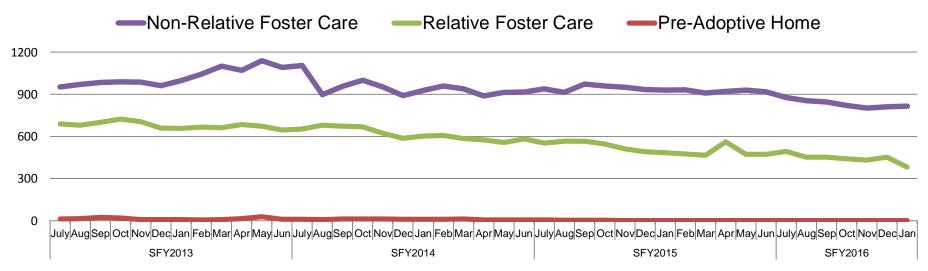
Rural Average Number of Children in Out-of-Home Placements



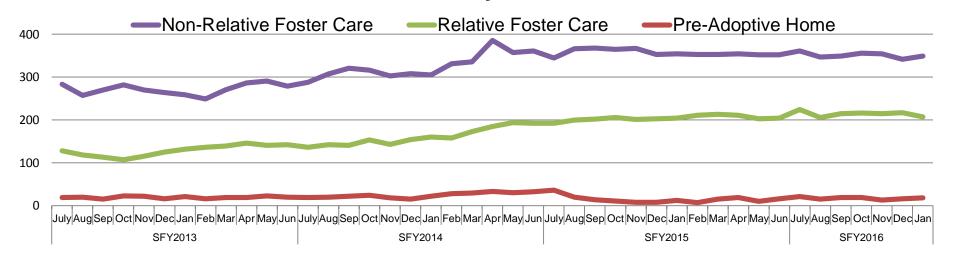
Statewide Paid Family Care Placements



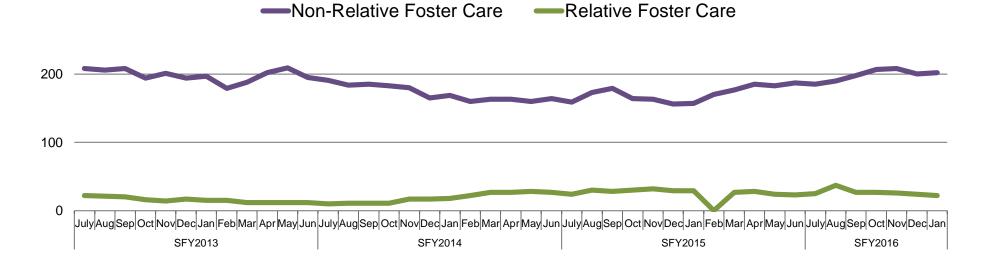
Clark County Paid Family Care Placements



Washoe Paid Family Care Placements



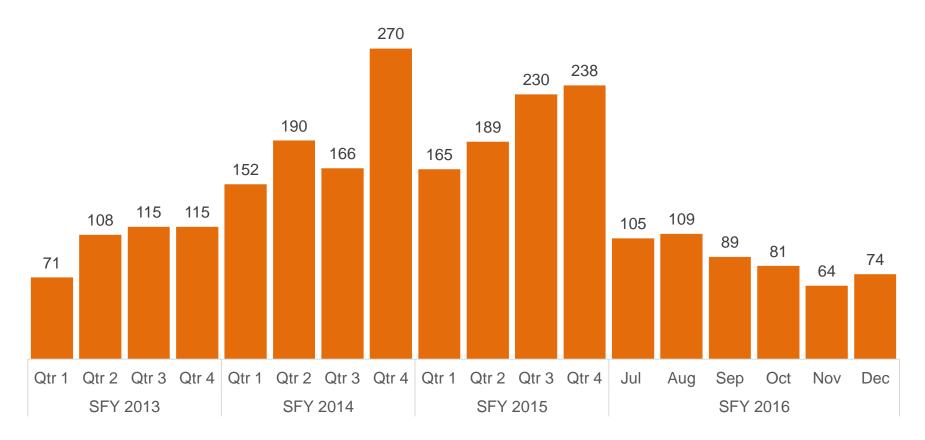
Rural Paid Family Care Placements



Congregate Care

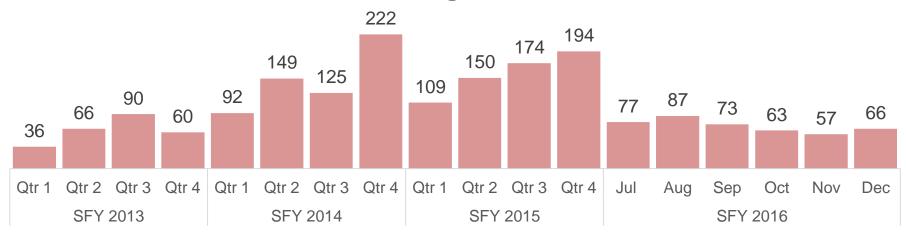
A Congregate Shelter Care facility is a licensed child care facility that provides emergency placement for abused, neglected, or abandoned children.

Statewide Admissions into Congregate Care of Children Under the Age of 6



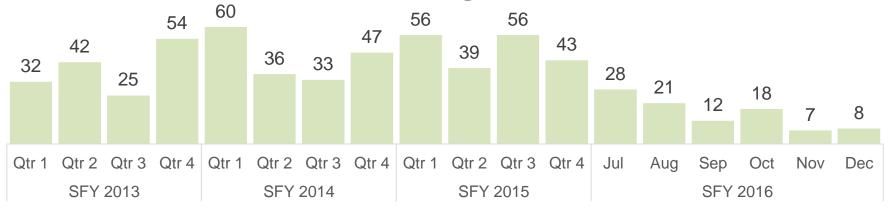
SFY 2013, SFY 2014, and SFY 2015 are quarterly totals.

Clark Admissions into Congregate Care of Children Under the Age of 6



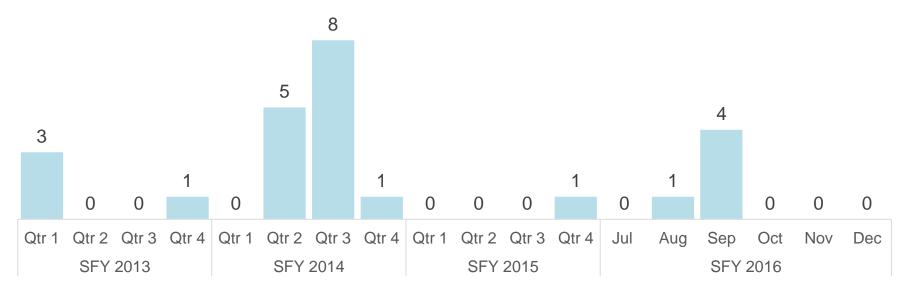
SFY 2013, SFY 2014, and SFY 2015 are quarterly totals.

Washoe Admissions into Congregate Care of Children Under the Age of 6



SFY 2013, SFY 2014, and SFY 2015 are quarterly totals.

Rural Admissions into Congregate Care of Children Under the Age of 6



SFY 2013, SFY 2014, and SFY 2015 are quarterly totals.

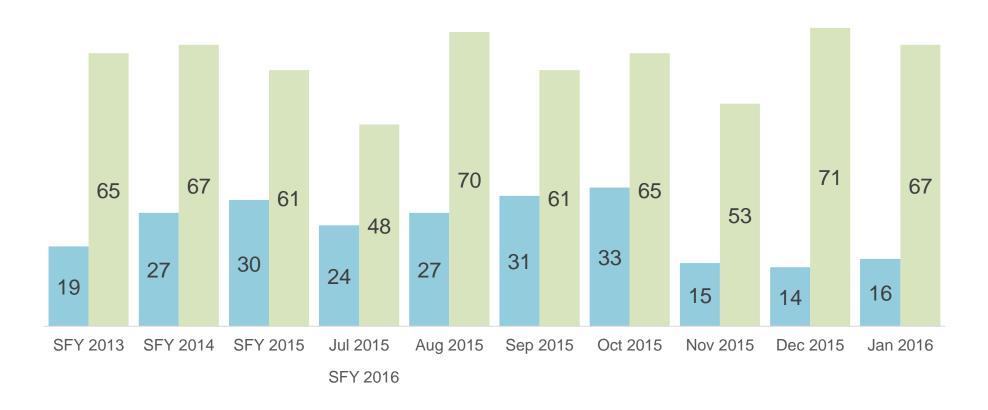
Kids Kottage

The Kids Kottages are protective shelters where police or social workers bring children after they have been removed from their families. They are temporary homes, operated 24 hours a day, under a contract with Washoe County Department of Social Services. Most children are at Kids Kottage because their families are suspected of severe abuse or neglect. However, some children are placed because no one else is available to care for them during parental incarceration or hospitalization.

Kids Kottage Average Monthly Admissions

SFY 2013 through SFY 2015 are Monthly Averages SFY 2016 are Monthly Totals

■ Under 6 ■ Ages 6 through 18

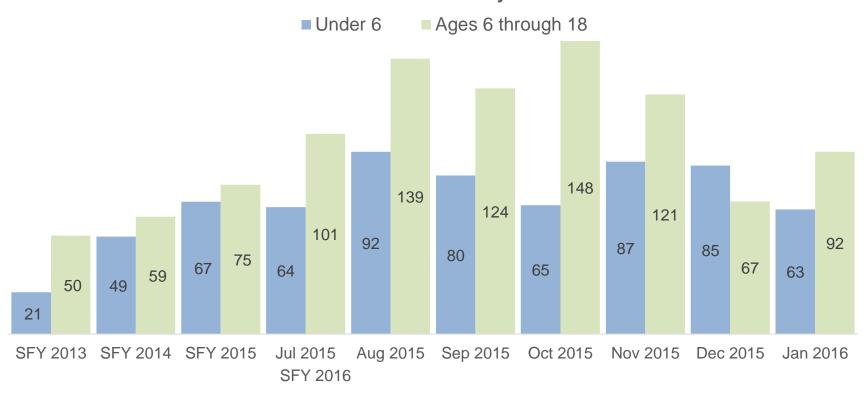


Child Haven

The Child Haven Shelter program was created as a Clark County placement option for abused, neglected, or abandoned children who require a protective environment. Child Haven Shelter is an alternative placement, providing resources and services for abused and neglected children and their families based on local needs. The Child Haven Shelter program provides emergency care for a smaller number of children when no other suitable placement option is available.

Child Haven Monthly Admissions

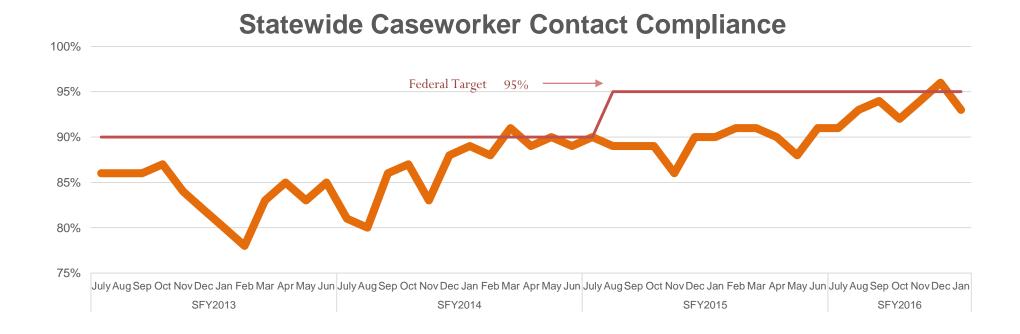
SFY 2013 through SFY 2015 are Monthly Averages SFY 2016 are Monthly Totals



Caseworker Visits with Children

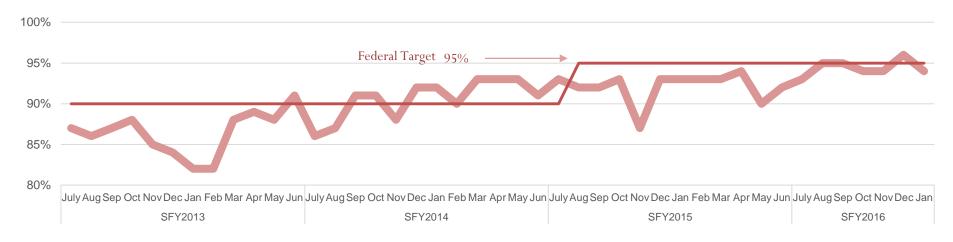
In accordance with the state plan requirements of Title IV-E of the Social Security Act, the child welfare agency must ensure that children, who are in foster care and under the responsibility of the agency, are visited on a monthly basis and that the caseworker visits are well-planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency, and well-being of the children.

Note: The following Caseworker Visit Compliance graphs are based on a Federal Fiscal Year which runs from October 1st through September 30th.

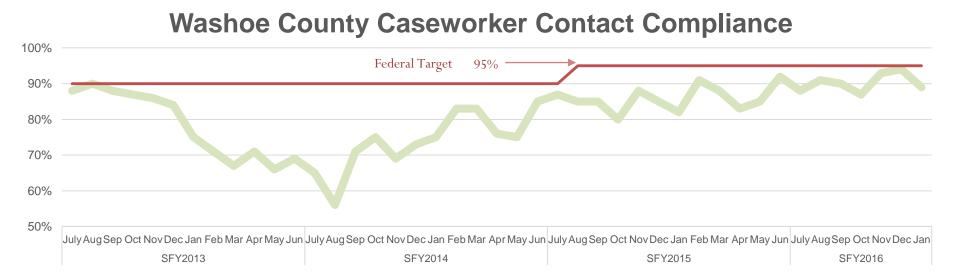


Effective July 1, 2014, the Monthly Caseworker Contact Compliance rate goal was raised from 90% to 95%.

Clark County Caseworker Contact Compliance

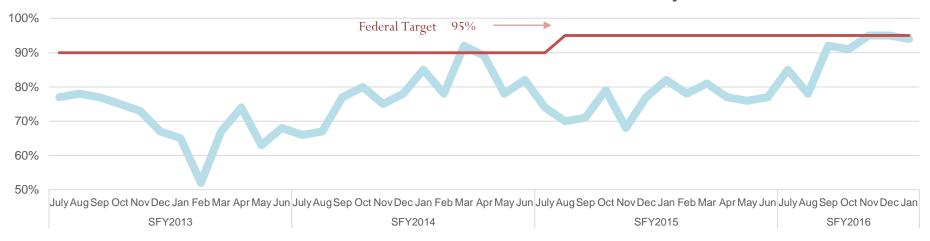


Effective July 1, 2014, the Monthly Caseworker Contact Compliance rate goal was raised from 90% to 95%.



Effective July 1, 2014, the Monthly Caseworker Contact Compliance rate goal was raised from 90% to 95%.

Rural Nevada Caseworker Contact Compliance

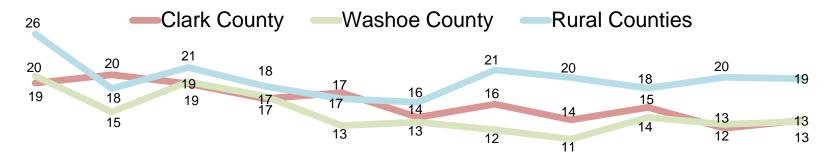


Effective July 1, 2014, the Monthly Caseworker Contact Compliance rate goal was raised from 90% to 95%.

Length of Stay in Foster Care

Length of stay in foster care refers to the amount of time between entering and exiting foster care. Being removed from home and placed in foster care are difficult and stressful experiences for any child. The goal for every part of the child welfare system is for children to remain safely with their families or, if in out-of-home care, to return home as soon as safely possible.

Average Length of Stay in Months for Children Exiting Foster Care



July-Dec	Jan-Jun	July-Dec								
SFY	2011	SFY	2012	SFY	2013	SFY	2014	SFY	2015	SFY 2016

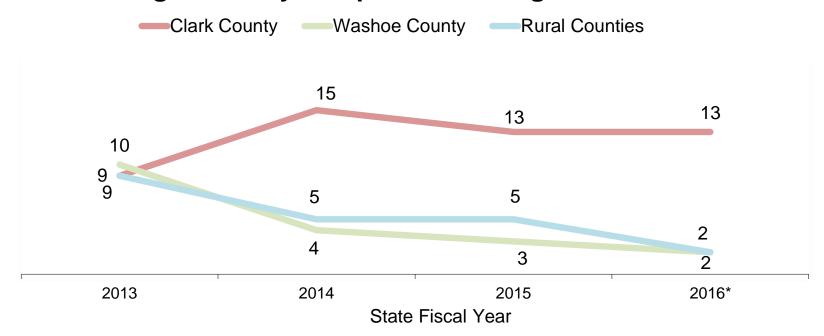
Services to Foster Youth Transitioning to Adulthood

The goal of Nevada's Independent Living Program (IL) is to prepare young adults for the transition to adulthood and to provide opportunities to obtain the skills necessary for self-sufficiency. Independent Living, while commonly seen as a placement option, is not only a placement but also a set of services specifically designed around the needs of each youth in the program. DCFS is responsible for providing IL services in the 15 rural counties of the state and overseeing Clark and Washoe counties.

Statewide Services to Foster Youth Transitioning to Adulthood SFY 2016 to Date*

Youth in Placement, Age	15 and Up	Youth in Placement w	ith Goal of Emancipation
Family Care	145	Family Care	40
Pre-Adoptive Home	1	Pre-Adoptive Home	0
Residential Care	166	Residential Care	61
Shelter Care	26	Shelter Care	1
Unpaid Placements	179	Unpaid Placements	28
Independent Living	13	Independent Living	6
*****************	E II		

Average Monthly Independent Living Placements

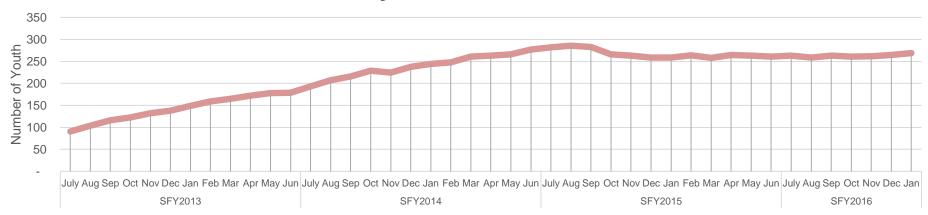


^{*}State Fiscal Year 2016 is July 1, 2015, through January 31, 2016.

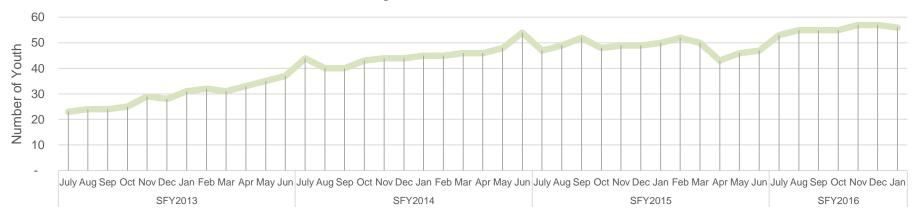
Court-Jurisdiction Youth

Assembly Bill 350 (AB 350), enacted in the 76th Session of the Nevada Legislature (2011) and signed into law by Governor Sandoval on May 18, 2011, provides that youth who "age out" of foster care (reach the age of majority while in foster care) continue in the jurisdiction of the court after the age of 18 under certain circumstances. The agency that provides child welfare services continues monetary payments to the youth while they remain in the jurisdiction of the court.

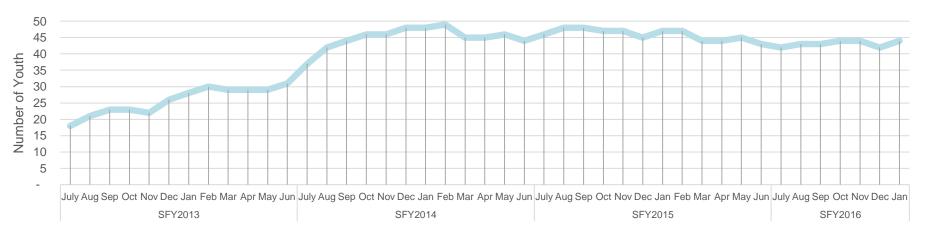
Clark County Court-Jurisdiction Youth



Washoe County Court-Jurisdiction Youth



Rural Nevada Court-Jurisdiction Youth



Adoption Placement and Subsidies

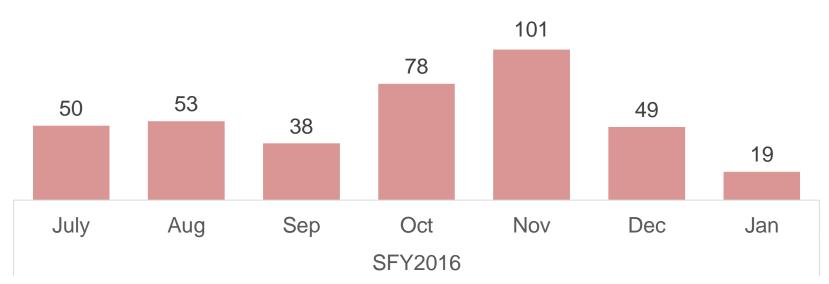
It is the policy of the agencies providing child welfare services to provide financial, medical, and social services assistance to adoptive parents, thereby encouraging and supporting the adoption of special-needs children from foster care. A statewide collaborative policy outlines the special-needs eligibility criteria, application process, types of assistance available, and the necessary elements of a subsidized adoption agreement.

		State	ewide			Cla	ark			Was	shoe			Ru	ral	
State Fiscal Year	2013	2014	2015	2016	2013	2014	2015	2016	2013	2014	2015	2016	2013	2014	2015	2016
Jul	61	43	67	53	51	31	51	50	2	7	9	3	8	5	7	0
Aug	78	80	85	76	52	65	55	53	18	15	29	22	8	0	1	1
Sep	49	26	45	46	36	18	34	38	7	8	9	3	6	0	2	5
Oct	76	52	88	87	64	41	72	78	10	3	7	6	2	8	9	3
Nov	104	147	122	129	83	110	91	101	20	30	25	18	1	7	6	10
Dec	154	111	99	60	124	90	79	49	18	3	14	5	12	18	6	6
Jan	5	13	19	21	5	7	16	19	0	3	1	2	0	3	2	0
Feb	29	35	41		17	21	28		9	10	0		3	4	13	
Mar	28	38	46		18	32	40		7	5	2		3	1	4	
Apr	45	41	63		36	31	46		7	3	10		2	7	7	
May	35	58	84		27	35	47		8	20	28		0	3	9	
Jun	112	37	31		101	25	22		10	11	8		1	1	1	
Total	776	681	790	472	614	506	581	388	116	118	142	50	46	57	67	25

Clark Finalized Adoptions by State Fiscal Year



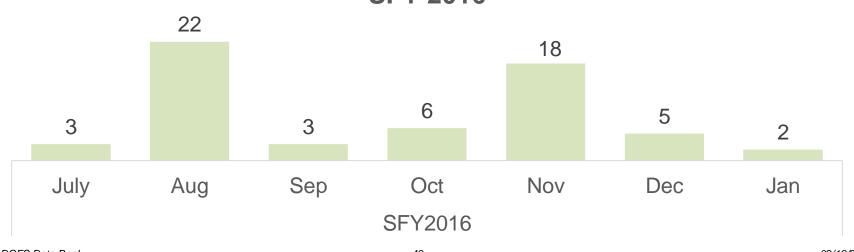
Clark County Finalized Adoptions SFY 2016



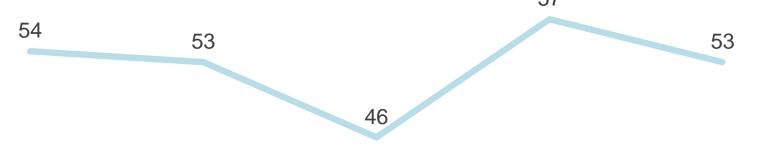
Washoe Finalized Adoptions by State Fiscal Year



Washoe County Finalized Adoptions SFY 2016



Rural Finalized Adoptions by State Fiscal Year



SFY 2011

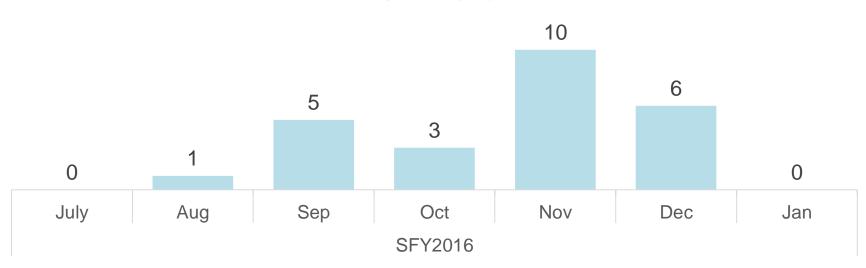
SFY 2012

SFY 2013

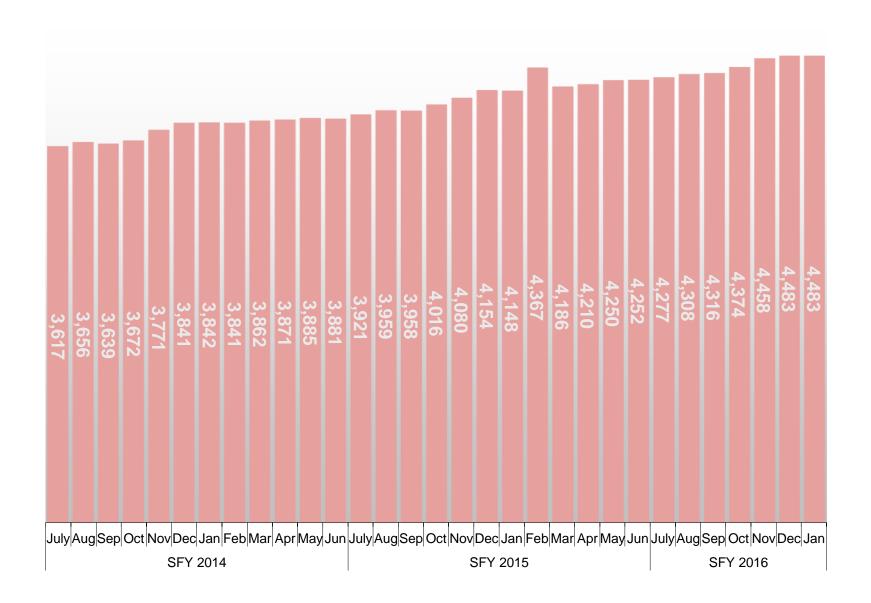
SFY 2014

SFY 2015

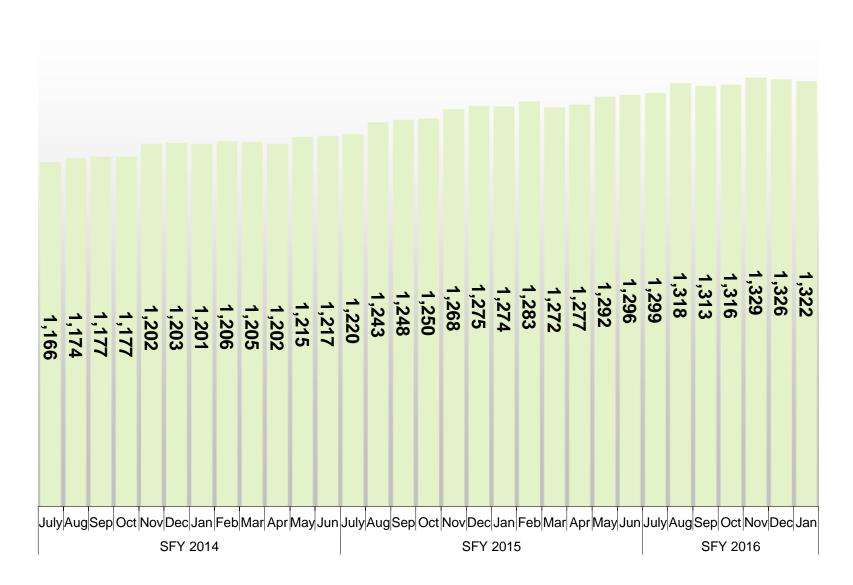
Rural Nevada Finalized Adoptions SFY 2016



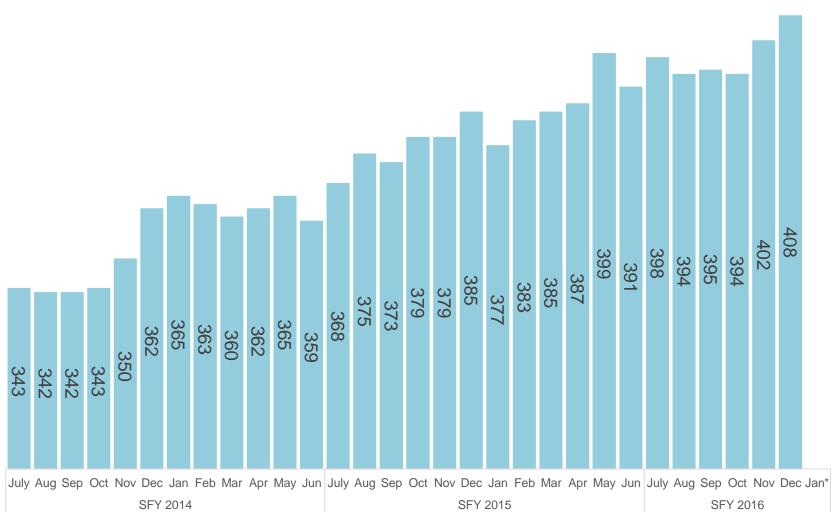
Active Adoption Subsidies Clark County



Active Adoption Subsidies Washoe County



Active Adoption Subsidies Rural



^{*}Jan SFY 2016 data not available.

Finalized Adoptions by Age at Adoption

State Fiscal Year	S	Statewide	e	CI	ark Coun	ty	Was	shoe Cou	inty	Rur	al Count	ies
Age by Year	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015
0	21	8	12	14	4	3	6	4	7	1	0	2
1	79	106	119	72	86	87	5	18	28	2	2	4
2	111	99	128	92	76	98	16	17	25	3	6	5
3	82	63	91	66	48	70	14	12	15	2	3	6
4	68	62	64	60	39	45	8	15	14	0	8	5
5	61	50	61	47	41	43	7	4	12	7	5	6
6	54	48	53	40	37	40	11	7	8	3	4	5
7	52	43	44	35	34	35	13	3	7	4	6	2
8	42	31	34	34	18	26	4	7	7	4	6	1
9	46	36	43	37	26	29	6	9	10	3	1	4
10	45	31	28	34	24	22	5	3	4	6	4	2
11	20	22	39	13	15	30	5	5	6	2	2	3
12	28	23	18	22	16	16	4	4	1	2	3	1
13	23	20	20	17	12	12	2	5	7	4	3	1
14	15	17	15	9	14	12	5	2	3	1	1	0
15	13	10	5	10	7	4	3	1	0	0	2	1
16	9	5	11	6	4	6	2	1	2	1	0	3
17	7	7	5	6	5	3	0	1	0	1	- 1	2
other	0	0	0	0	0	0	0	0	0	0	0	0
Total	776	681	790	614	506	581	116	118	156	46	57	53

Finalized Adoptions by Age Group

		Statewid	е		Clark		1	Washoe			Rural	
Year	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015
Age 0-1	13 %	17 %	17 %	14 %	18 %	15 %	9 %	19 %	22 %	7 %	4 %	11 %
2-4	34 %	33 %	36 %	36 %	32 %	37 %	33 %	37 %	35 %	11 %	30 %	30 %
5-9	33 %	31 %	30 %	31 %	31 %	30 %	35 %	25 %	28 %	46 %	39 %	34 %
10-14	17 %	17 %	15 %	15 %	16 %	16 %	18 %	16 %	13 %	33 %	23 %	13 %
15 and up	4 %	3 %	3 %	4 %	3 %	2%	4 %	3 %	1%	4 %	5 %	11 %

Total may not equal 100% due to rounding

Finalized Adoptions by Age at Time of Adoption SFY 2016

	1	0 10	S	tatewic	de	400 - 300				Cla	ark Cou	inty		. 3			Was	hoe Co	ounty			2		Ru	ral Nev	ada		
Age by Year	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Jul 2015	Aug 2015	Sep 2015	Oct 2015				Jul 2015	Aug 2015	Sep 2015	Oct 2015			Jan 2016	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016
Ó	1	2	12	-	1	-		1	2		720	-	26	12	327		20	. 4-	1	_	2		- 2	-	25	_	120	
1	9	16	7	11	24	5		9	10	6	11	20	4	74	- 4	6	40	8.4	3	1	+	3043	- 4	1	40	- 1	-	4
2	7	11	8	14	25	12	- 3	5	9	8	13	23	10	6	2	2	-	1	1	1	1		-	-	-	7	1	
3	8	5	6	8	19	9		7	4	5	5	14	5	3	1	1		2	3	1	-	14	1	1	1	2	3	1
4	5	6	3	7	7	6		5	5	3	7	5	4	1	÷	1	+	-	2	2	1	3 H	79	-	4	-	-	+
5	5	8	3.	11	11	2		- 5	6		9	9		- 5		2	2	1	2	-	-	-	17	-	- 1	-	1	
6	- 3	- 6	2	6	4	5		3	5		6	2		1	-	1	-	- 4	-	-	-	-	- 1	-	-	2	1	- 1
7	4	+	5	2	8	2		4	-	3	2	5			3.7	-	1	7	2	-	-	-	- 17	1	7.5	1	-	- 1
8	3	2	3	4	9	2		3	1	2	3	8		- 2		1	_	-		_				1	1	1	320	-
9	. 1	7	2	4	7	3		1	6	2	3	5	3	4		1		1	া	-	-	1141	-	-	-23	- 1	-	-
10	1	3	2	5	2	2		1	1	2	5	2	2	1	-	2		-	-	-	-	- +		-	-	-	-	-
11	2	2	2	4	1	2		2	-	_ 1	4	1	2	15	-	2	-	- 4	-	_	-	141	-	1	-	14	-	
12	3	3	- 1	3	4	2		3	2	-	3	3	2	2	3.7	1	+	-	1	-		3 H	- 7	-	-	: H	-	-
13	1	2	- 1	4	4	3		1	1	1	3	3	3	-	- 7		7.	1	1	-	-	-	-	-	7.5	-		
14	-	2	- 1	2	1	4		-	1	-	2	_1	4	. 1		1	-	-	-	-			-	-	-	-		
15	-	+		2	-	-		-	-	-	2	-	- 5		-	-	-	7	-	-	-	-	-	-	-	-	-	-
16	-	1	1	_	1	- 1		-	-	1	12	_	1	_		-	-	3 × ±	-	-	_	-	_ 1	-	-	1	-	_
17	-		- 1	-	. 1			-	-	1	- 1	-		74		-	+	- 1	া	-		3 4 3		-	+0	3 ± 3	-	
18	7.	7	- 5	-		-		-	7.	-	(7)	_ =	7.5			-	-	7	-	-	-	-	-	-		-		
19+	_	-		_	-	-		-	-	-		_			-	_		-	-	-	-	- +		-	-	+	-	
UNKNOWN	F0	70	40	07	100	- 00		-	F2	- 20	70	101	40	10	-	22	-	-	10	-	2		-	-	-	40	-	-
TOTAL	53	76	46	87	129	60		50	53	38	78	101	49	19	3	22	3	6	18	5	- 2	0		5	3	10	6	0

Finalized Adoptions by Age Group

SFY 2016 Qtr 1 & 2 July 1, 2015 thorough December 31, 2015	Clark	Washoe	Rural
Age 0-1	17%	19%	8%
2-4	37%	36%	36%
5-9	28%	26%	44%
10-14	16%	16%	4%
15 and up	2%	2%	8%

Total may not equal 100% due to rounding.

Statewide Adoptions

Statewide SFY 2016 (July 1, 2015, through January 31, 2016)

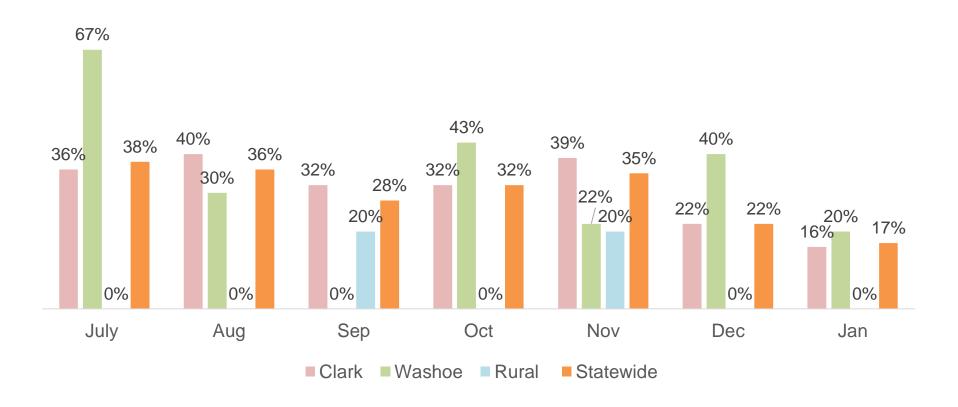
Total Adoptions Yea	r-to-Date	175	
Male	50%	Female	50%
African-American	28%	Asian	2%
Caucasian	74%	Native American/Alaskan	4%
	Native Hawaiian/F	Pacific Islander 2%	

Budget Performance Measure: Children adopted within 24 months

This measure shows the percentage of children who exit foster care for a finalized adoption within 24 months of entry into care. Private adoptions are not included in this measure.

		SFY	2013			SFY	2014			SFY	2015			SFY	2016	
	Clark	Washoe	Rural	Statewide												
July	26%	0%	17%	25%	26%	33%	17%	26%	35%	89%	29%	42%	36%	67%	0%	38%
Aug	26%	43%	100%	38%	25%	33%	0%	26%	24%	21%	0%	23%	40%	30%	0%	36%
Sep	24%	71%	33%	32%	28%	25%	0%	27%	44%	22%	0%	38%	32%	0%	20%	28%
Oct	21%	0%	0%	17%	49%	33%	25%	44%	32%	71%	0%	32%	32%	43%	0%	32%
Nov	38%	44%	0%	39%	23%	37%	29%	26%	53%	56%	33%	52%	39%	22%	20%	35%
Dec	33%	22%	8%	29%	45%	33%	17%	40%	24%	29%	17%	29%	22%	40%	0%	22%
Jan	0%	0%	0%	0%	0%	0%	67%	15%	19%	50%	100%	26%	16%	20%	0%	17%
Feb	24%	13%	0%	18%	29%	50%	0%	31%	29%	67%	0%	38%				
Mar	50%	57%	0%	46%	16%	0%	0%	13%	28%	0%	0%	24%				
Apr	34%	40%	50%	36%	32%	0%	57%	34%	34%	50%	43%	38%				
May	32%	25%	0%	30%	34%	30%	0%	31%	26%	32%	33%	29%	3			
Jun	33%	0%	0%	30%	24%	55%	100%	37%	30%	25%	0%	27%	ÿ			

SFY 2016 Percentage of Children Adopted in Less Than 24 Months of Entering Foster Care



Juvenile Justice Services

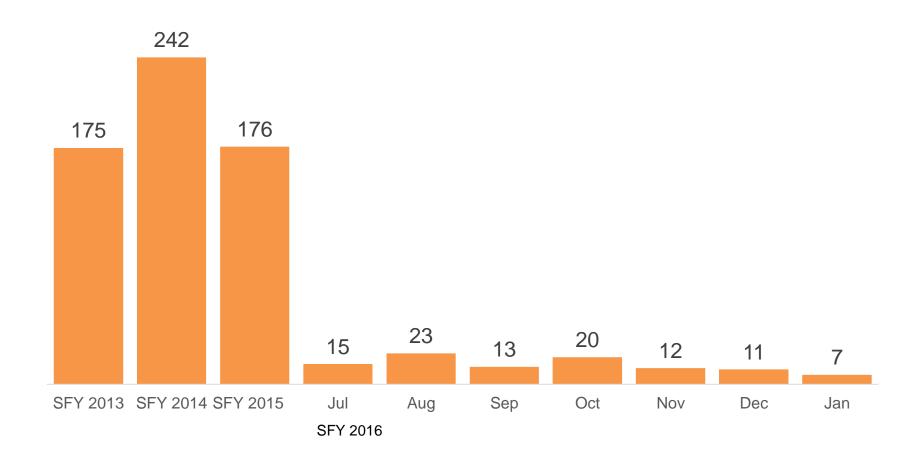
Juvenile Justice Services includes three residential training facilities, statewide supervision of youth on parole, statewide supervision for the Interstate Compact for the Placement of Juveniles, compliance oversight for the Juvenile Justice and Delinquency Prevention Act, and grant programs.

Youth committed for correctional care are generally placed in one of the centers for an average of six to nine months. Upon successful completion of the program in the facility, the youth are released into the community with supervision and case management services provided by Youth Parole. Youth committed for mental health treatment are placed directly on parole and receive treatment and case management services based on their identified needs. Juvenile Justice Services' primary mission is to protect the community while providing a secure and caring environment for youth which encourages them to develop competencies, repay their victims, and reduce or eliminate recidivism.

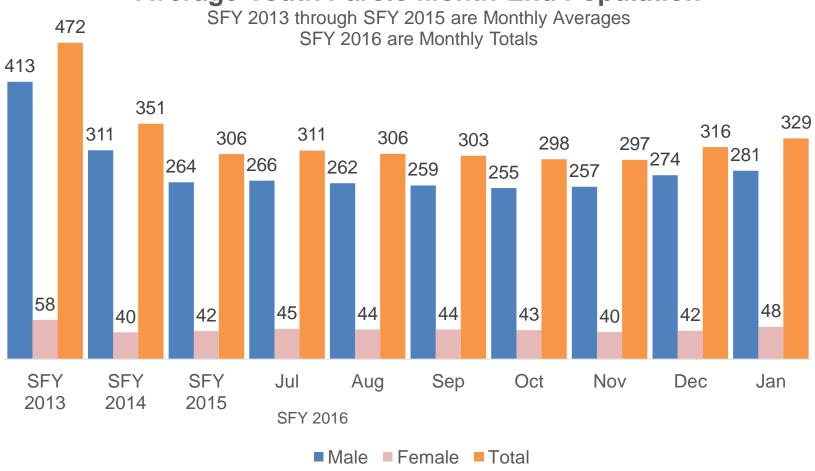
Youth Parole

The Youth Parole Bureau provides supervision and case management services for youth, ages 12 up to 21 years, who are committed to DCFS for correctional and/or mental health care; youth under the age of 12 years, who are committed to DCFS for correctional care but cannot by law be placed in a correctional program; and youth transferred to Nevada through the Interstate Compact on Juveniles. Services include the following: Academic Tutoring, Adoption Foster Care Analysis Reporting System (AFCARS) for Youth Parole, Day Treatment, Drug Court, Employment Development, Family Counseling, Gang Intervention, Gender-Specific Program, Group-Based Outpatient Treatment for Adolescent Substance Abuse, Hospitality International Training, Juvenile Sex Offenders, Location Monitoring, Mentoring, Parent Orientation Program, Psychiatric and Psychological Services, Sexually Exploited Youth, Skills Development, and Substance Abuse Counseling.

Statewide Youth Parole Case Closures



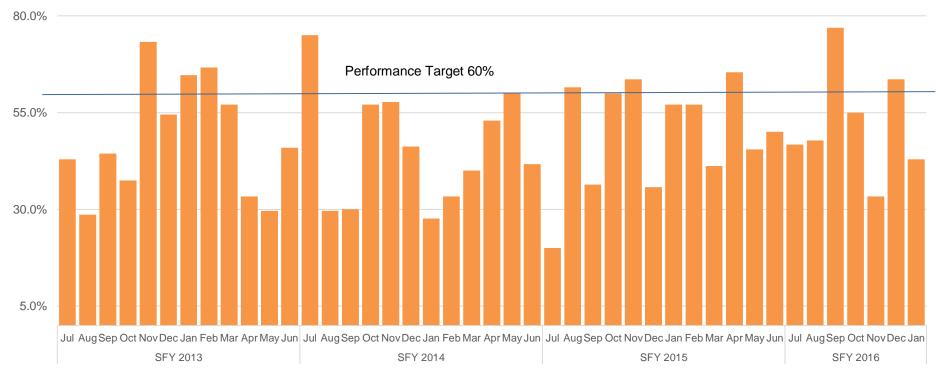
Average Youth Parole Month-End Population



Budget Performance Measure: Youth successfully completing parole program

Youth Parole sets out a detailed parole program for the youth to follow to achieve successful completion, which includes counseling, school or work, and activities. This measure shows the percentage of youth successfully completing the parole program. There are three types of termination from parole: positive, general, and negative. Only youth receiving a positive or general termination from parole are considered to have successfully completed the parole program.

Youth With Successful Completion of Parole Program

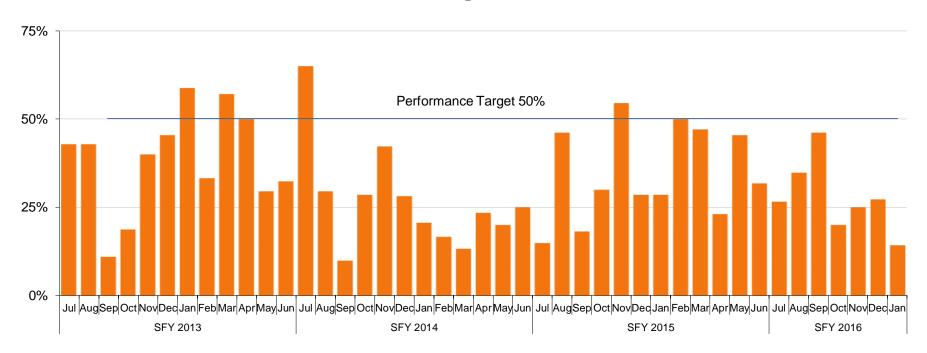


-20.0%

Budget Performance Measure: Youth in school, training, or work at release

One factor to provide positive outcomes for juveniles on youth parole is to steer them toward their educational goals. This measure shows the percentage of youth who are involved in either: (1) school, (2) alternative education, (3) vocational training, or (4) employment at time of release from a youth parole program.

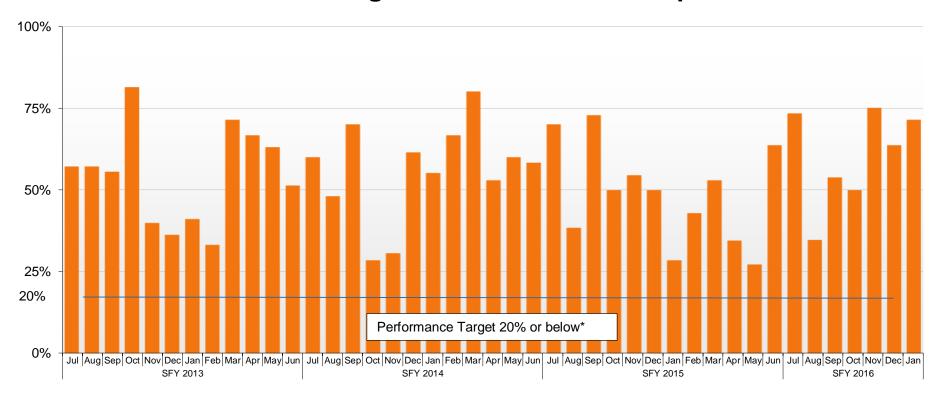
Youth in School, Training, or Work at Parole Release



Budget Performance Measure: Youth re-offending under youth parole supervision

A goal of youth parole is increasing law-abiding behavior and reducing incidence of offenses. This measure represents the percentage of youth under parole supervision adjudicated for technical violation of the terms of the parole release or for a new crime during their period of supervision.

Youth Reoffending While Under Parole Supervision



^{*}Effective July 1, 2014, the Performance Target was lowered from 50% to 20%.

Juvenile Correctional Care

The purpose of this activity is to ensure that children committed to the State of Nevada for correctional care receive effective services in a safe, secure, healthy, and therapeutic environment by trained, qualified staff.

Both centers provide educational and vocational programs, counseling in life skills and independent living skills, substance abuse and relapse prevention, anger management, grief counseling, and parenting classes. Additionally, specialized programming is offered based on individualized treatment needs and goals.

Youth State Correctional Care End-of-Month Population Caliente Youth Center Nevada Youth Training Center Summit View (Red Rock) SFY 2013 SFY 2013 SFY 2013 Monthly Average Monthly Average Monthly Average 117 SFY 2014 SFY 2014 SFY 2014* Monthly Average Monthly Average Monthly Average 114 55 30 SFY 2015 SFY 2015 SFY 2015** Monthly Average Monthly Average Monthly Average 47 123 46 SFY 2016 SFY 2016 SFY 2016 Sep Oct Nov Dec Sep Oct Nov Dec Jan Sep Oct Nov Dec Jan 141 140 139 140 136 127 125 62 59 60 58 60 60 62 0 0 Summit View was utilized from December 2013 through June 2014 in SFY 2014. mmit View was utilized from July 2014 through February 2015 in SFY 2015.

Youth Alternative Placement

Youth Alternative Community Placement provides local jurisdictions with the ability to implement community-based programming for youth at risk of being committed to state correctional care. Community-based programming has long proven more cost-effective and healthier for the youth. Families have more opportunities to participate in the treatment, and youth have more opportunity to integrate effectively back into their own communities. Examples of services include intensive supervision programs, mental health and substance abuse treatment, evening reporting centers, academic programming, and county youth camps. County youth camps consist of three facilities: (1) Spring Mountain Youth Camp, (2) China Spring Youth Camp, and (3) Aurora Pines Girls Facility.

Youth Alternative Placements End-of-Month Population

		Sp	oring Mount	ain					31	China Sprin	9						Aurora Pine	S		
			SFY 2013							SFY 2013							SFY 2013			
		Mo	nthly Aver	age					Mo	nthly Avera	age					Mo	nthly Aver	age		
			96							38							14			
			SFY 2014							SFY 2014							SFY 2014			
		Mo	nthly Aver	age					Mo	nthly Avera	age					Mo	nthly Aver	age		
			95							39							14			
			SFY 2015							SFY 2015					SFY 2015					
		Mo	nthly Aver	age					Mo	onthly Avera	age				Monthly Average					
			96						7,770	38							18			
			SFY 2016				1			SFY 2016				0			SFY 2016			
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Jul	Aug	Sep	Oct	Nov	Dec	Jan
98	99	95	93	89	82	80	38	37	37	40	41	41	38	21	17	19	15	16	13	14

Mental/Behavioral Health Services

Mental/Behavioral Health Services provides community-based and outpatient services to families in the state, many of whom would enter the child welfare or juvenile justice systems without appropriate treatment and intervention. DCFS' nationally recognized program, Wraparound in Nevada (WIN), provides children, with serious emotional disturbances, intensive targeted case management services. DCFS' mental health programming also includes early childhood services, residential care such as family learning homes, a residential treatment center for adolescents, and an acute residential treatment center.

Outpatient Treatment Services

The purpose of this activity is to provide comprehensive, individualized mental health care to emotionally disturbed children, ages 6 to 18, and their families, and young children, ages birth to six years of age with deficits, and their families and communities. The clientele in the 6 to 18 age group often have multiple and serious life challenges. The goal of these services, focused on the child's strengths and needs, is to reduce challenging behaviors; increase positive behaviors and emotions; treat and manage mental health symptoms; improve functioning at home, in school and in the community; strengthen parent-child relationships; and facilitate the child's resiliency and recovery.

The purpose of Early Childhood Mental Health Services (ECMHS) is to support the social and emotional development of young children with deficits by providing comprehensive mental health services to children ages birth to six years of age, their families, and the communities in which they live. ECMHS works with the whole family to support and train parents how to create relationships with their children that will, in turn, allow them to develop age-appropriate and healthy social and emotional skills.

Average Number of Children Waiting in Emergency Rooms for Behavioral Health Services

North SFY 2015	1	South SF	Y 2015	26		
SFY 2016	July	Aug	Sep	Oct	Nov	Dec
North	1	0	0	0	0	0
South	5	5	6	6	4	2

Note: Children's data started being collected in the South on October 28, 2014. Collection of monthly children's data in the North began January 2015.

Children's Clinical Services/Outpatient

	Ave	rage Number	of Clients S	erved			Average N	umber of Clier	nts Waiting	for Services	
	North	South					North	South			
SFY 2014	214	398				SFY 2014	27	65			
SFY 2015	189	341				SFY 2015	39	38			
		SFY	2016			Translation Co.		SFY	2016		
20750 5		Nor	th			900		No	th		
July	August	September	October	November	December	July	August	September	October	November	December
197	203	196	182	187	188	35	36	40	52	33	32
		Sou	ıth					Sou	ıth		
July	August	September	October	November	December	July	August	September	October	November	December
356	355	306	337	328	330	21	24	27	39	29	14

Note: Children's data started being collected in the South on October 28, 2014. Collection of monthly children's data in the North began January 2015.

Mobile Crisis Response Team

The Mobile Crisis Response Team is designed to reduce unnecessary psychiatric hospitalizations and placement disruptions of children and youth, and to reduce the need for youth to go to emergency rooms or detention centers to have their mental and behavioral health needs addressed. Mobile crisis response services provide immediate care and treatment from specialized teams, which include qualified mental health professionals and psychiatric case managers to any child or adolescent requiring support and intervention with a psychiatric emergency.

Children's Mobile Crisis

			Childr	•		Children North						
	Total Calls	Clients Served (Team Responded)	Hospitalization	Hospital Diversion	Stabilization Recommended	Hospital Diversion Rate	Total Calls	Clients Served (Team Responded)	Hospitalization	Hospital Diversion	Stabilization Recommended	Hospital Diversion Rate
Jul-14	15	12	3	9	9	75%						
Aug-14	20	17	1	16	9	94%						
Sep-14	32	16	0	16	9	100%						
Oct-14	37	25	0	25	23	100%						
Nov-14	50	36	3	33	28	92%	18	8	1	7	6	88%
Dec-14	57	37	4	33	27	89%	21	9	2	7	6	78%
Jan-15	60	52	5	47	43	90%	34	17	5	12	11	71%
Feb-15	71	62	12	50	42	81%	48	27	4	23	22	85%
Mar-15	95	71	12	59	51	83%	42	13	5	8	8	62%
Apr-15	104	63	6	57	37	90%	45	22	6	16	14	73%
May-15	90	54	6	48	26	89%	52	24	1	23	17	96%
Jun-15	38	28	3	25	19	89%	23	7	0	7	6	100%
Jul-15	51	39	9	30	12	77%	8	6	2	4	4	67%
Aug-15	53	41	3	38	26	93%	29	17	0	17	14	100%
Sep-15	122	86	10	76	52	88%	55	23	4	19	15	83%
Oct-15	121	79	6	73	56	92%	54	20	1	19	17	95%
Nov-15	95	53	9	44	37	83%	23	12	1	11	20	92%
Dec-15	84	46	3	43	27	93%	26	18	0	18	12	100%
Jan-16	107	69	8	61	47	88%	45	25	9	16	11	64%

Inpatient Treatment Services

The purpose of inpatient psychiatric services is to provide quality, individualized inpatient mental health treatment in a safe and culturally sensitive environment for children and adolescents with the most severe emotional disturbances. Primary activities include acute psychiatric care to youth at immediate risk of harm to themselves or others, including intense therapeutic services and short-term care until the immediate risk of harm is no longer present; and residential treatment care, including less-intense therapeutic services than acute care; longer-term care for chronic mental health conditions that require longer-term inpatient treatment in order for the youth to transition to community-based treatment; and specialized treatment for males adjudicated on sexual offenses.

Early Childhood Mental Health Services

Fiscal Year Averages

Fiscal Year	South Clients Served	South Waiting for Services	North Clients Served	North Waiting for Services	Total Served	Total Waiting for Services
SFY 2014	351	45	164	24	515	69
SFY 2015	298	37	149	27	447	63
SFY 2016*	240	20	159	40	399	60

^{*}SFY 2016 is July 1, 2015, through January 31, 2016.

Residential Rehabilitation Services

One of DCFS' goals is to ensure that children with the most severe emotional and behavioral problems live in a safe, healthy, and positive treatment environment focused on resiliency and recovery. Treatment homes provide a structured, supervised, and therapeutic living environment for children and adolescents who cannot live safely in a family home or foster home. These children were discharged or denied services from community private providers due to severe emotional and behavioral disturbances, developmental disabilities, specialized needs, and/or severe aggression toward themselves and others.

Fiscal Year Averages

Fiscal Year	Oas	is On Campus Ho	mes	Desert Wille	ow Treatment Ce	nter - Acute	Desert Willow Treatment Center - Residential		
	Clients Served	Clients on Wait List	Average Length of Stay in Days	Clients Served	Clients on Wait List	Average Length of Stay in Days	Clients Served	Clients on Wait List	Average Length of Stay in Days
SFY 2014	13	28	156	21	0	71	23	0	81
SFY 2015	15	16	107	23	0	99	22	0	90
SFY 2016 *	18	38	108	15	0	105	18	2	97

^{*}July 1, 2015, through January 31, 2016

Fiscal Year Averages

	Adole	scent Treatment	Center	Family Learning Homes				
Fiscal Year	Clients Served	Clients on Wait List	Average Length of Stay in Days		Clients on Wait List	Average Length of Stay in days		
SFY 2014	15	21	87	18	14	95		
SFY 2015	15	14	93	16	14	87		
SFY 2016*	15	12	83	20	20	107		

^{*}July 1, 2015, through January 31, 2016

Intensive Care Coordination Services

DCFS' nationally recognized "Promising Practice" program, Wraparound in Nevada (WIN), provides intensive community-based services to Severely Emotionally Disturbed Children (SED), ages birth to 18 years, who are in the custody of the Child Welfare System. Through WIN, youth and families are provided the opportunity to become equal participants in their case planning and receive support necessary to gain family independence. Services include assessment, case planning, linkage to services, monitoring the success of services, crisis response, immediate and responsive plans, and service adjustments as client needs change. WIN ensures that all community members and professionals work together to streamline services, avoid duplication of services, and communicate clearly with families and children.

Fiscal Year Averages

Fiscal Year	South Clients Served	South Waiting for Services	North Clients Served	North Waiting for Services	Rural Clients Served	Rural Waiting for Services	Total Served	Total Waiting for Services
SFY 2014	170	36	98	15	45	5	312	51
SFY 2015	159	25	92	20	48	7	299	52
SFY 2016*	185	21	94	35	55	10	334	65

^{*}July 1, 2015, through January 31, 2016

Administrative and Support Services

Personnel and Payroll

Personnel provides service in all areas of DCFS employment, including, but not limited to: hiring, developing, and retaining qualified employees who model DCFS values and contribute to the attainment of DCFS goals; attaining positive, productive, ethical, and legal employee-employer relationships; ensuring legal compliance with Human Resource requirements; and protecting DCFS employees, property, and finances from avoidable loss. As an integral part of DCFS' strategic planning and policy development, the Personnel unit's responsibilities are grouped into three functional areas of counseling, service, and control.

Authorized Staff Positions as of 12/31/2015

	Authorized	Filled	% Filled
Administration	89	80	90%
Child Welfare	186	146	78%
Childrens Mental Health	425	383	90%
Juvenile Justice	300	244	81%
Totals	1000	853	85%

Systems Advocate Unit

The Systems Advocate Unit was established by the Nevada State Legislature in 2003 to help the Department of Health and Human Services and DCFS resolve concerns and protect children who are receiving services from DCFS. The purpose of the Systems Advocate Unit is to respond to complaints from consumers, service providers, elected officials, stakeholders, and interested citizens to ensure that proper services are provided by DCFS.

Furthermore, the Systems Advocate performs the duties of the agency Hearing Officer and has the responsibility to make available a fair hearing process. The Systems Advocate is the key point of contact between DCFS, the Department of Health and Human Services, and the Nevada State Legislature as well as media.

Inquiries by Subject Matter SFY 2016*

